

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91364 044 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000017804

1. Entity Name
THE LAWN SCULPTORS, INC.



Principal Place of Business
613 SANDPIPER LANE
CASSELBERRY FL 32707

Mailing Address
613 SANDPIPER LANE
CASSELBERRY FL 32707



2. Principal Place of Business

3. Mailing Address

P.O. Box 300007

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Casselberry FL

4. FEI Number

02-0557241

Applied For

Not Applicable

Zip

Country

Zip

32730-0007

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARROTT, GREGORY S
613 SANDPIPER LANE
CASSELBERRY FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gregory S Parrott

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME PARROTT, GREGORY
STREET ADDRESS 613 SANDPIPER LANE
CITY-ST-ZIP CASSELBERRY FL 32707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COURT, DEBORAH L
STREET ADDRESS P O BOX 4866
CITY-ST-ZIP WINTER PARK FL 32783

TITLE ☒ Change ☐ Addition
NAME Deborah L. Parrott
STREET ADDRESS P.O. Box 300007
CITY-ST-ZIP Casselberry FL 32780-0007

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gregory S Parrott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

407-260-1400

Daytime Phone #

CR2E034 (10/02)